

Wisconsin Department of Regulation & Licensing

Mail To: P.O. Box 8935
Madison, WI 53708-8935

FAX #: (608) 267-3816
Phone #: (608) 261-7097

1400 E. Washington Avenue
Madison, WI 53703
E-Mail: web@drl.state.wi.us
Website: http://drl.wi.gov

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

RETAKES APPLICATION FOR HOME INSPECTOR EXAMINATIONS

Under Wisconsin law, the Department must deny your application if you are liable for delinquent state taxes or child support (sec. 440.12, Stats.).

PLEASE TYPE OR PRINT IN INK ☐ Your name and address are available to the public.
☐ Check box if you wish your name & address withheld from lists of 10 or more credential holders (sec. 440.14, Stats.).

Last Name	First Name	MI	Former / Maiden Name(s)
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Your Street Address (number, street, city, state, zip) (NOTE: Name and address information provided to the Department is available for public inspection under Wisconsin law. You may use a business address or a home address as your address of record with the Department. If mailing address is a P.O. Box, the Zip Code # must be that of the P.O. Box, not the street address.)

Mail To Address (if different)

Date of Birth ____ month ____ day ____ year	Daytime Telephone Number () ____ - ____ Fax Number () ____ - ____
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Ethnic/gender status information is optional. Sex: ☐ M ☐ F Ethnic: ☐ White, not of Hispanic origin ☐ Black, not of Hispanic origin ☐ Hispanic ☐ American Indian or Alaskan ☐ Asian or Pacific Islander ☐ Other

Have you ever held a license/credential in the state of Wisconsin? ____ Yes ____ No (please indicate)
If yes, provide your Wisconsin license/credential number. _____

EXAMINATION INFORMATION: Please choose the exam location and the exam date. Approximately two weeks before the exam date, an admission ticket will be mailed to eligible candidates. The admission ticket will contain directions to the exam site as well as the time to report.

SELECT ANY EXAM LOCATION

☐ Eau Claire ☐ Madison
☐ Green Bay ☐ Waukesha

Deadline for exam date is 30 days before the date you select

SELECT ANY EXAM DATE

<input type="checkbox"/> January 8, 2005	<input type="checkbox"/> July 9, 2005
<input type="checkbox"/> February 12, 2005	<input type="checkbox"/> August 13, 2005
<input type="checkbox"/> March 12, 2005	<input type="checkbox"/> September 10, 2005
<input type="checkbox"/> April 9, 2005	<input type="checkbox"/> October 8, 2005
<input type="checkbox"/> May 14, 2005	<input type="checkbox"/> November 12, 2005
<input type="checkbox"/> June 11, 2005	<input type="checkbox"/> December 10, 2005

APPLICATION FEE: Make check payable to Department of Regulation and Licensing and attach to application.

☐ \$57.00 Examination fee

For Receipting Use Only